

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

097667 226

FILING DATE

9-21-00

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
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49	/					
50	/					
TOTAL IND.	/					
TOTAL DEP.	60					
TOTAL CLAIMS	71					

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TOTAL DEP.				
TOTAL CLAIMS				